

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CHEN-0085 CIP
C108330.00090

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---------------|--------------|
| TOTAL CLAIMS | 31 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 31 minus 20 = | 11 |
| INDEPENDENT CLAIMS | 1 minus 3 = | 9 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 355.00 |
| X\$ 9= | 99. |
| X40= | |
| +135= | |
| TOTAL | 454 |

OR OTHER THAN SMALL ENTITY

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 710.00 |
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL | |

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | 29 | Minus ** 31 | = |
| Independent | 1 | Minus *** 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

SMALL ENTITY OR

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | Minus ** | = |
| Independent | | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | | Minus ** | = |
| Independent | | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X40= | |
| +135= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X80= | |
| +270= | |
| TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" Total for independent claims plus the total for multiple dependent claims.